

LEGAL REQUIREMENTS

There are none for miscarriage. In an early one, there is little to bury or cremate but if you wish to keep your baby's remains, hospital staff do need to be notified before a D&C. If not, they will be cremated with others. Funeral directors are usually supportive and cemeteries often have dedicated baby burial sites. (Private burials could create future problems.) Having a simple farewell ceremony of your choice with caring others in a church or just at a beach or park, perhaps with balloons or flowers often helps with grieving.

SAYING GOODBYE AND FINDING CLOSURE

Miscarriage is both the birth and death of a baby and usually causes unexpected shock and grief, which can include anger, confusion, denial, numbness, sadness and especially guilt. Some women even think they are going mad. Emotional isolation and loss of self esteem are also common. These feelings may not surface till later and many women are surprised at how strong they are and how long they can last.

These are all normal, healthy responses to the loss of a baby. Everybody reacts differently and we encourage you to accept your feelings whatever they are. It is the strength of the bond with your baby, not the length of the pregnancy that determines the intensity of your grief. From our experience supporting women after a miscarriage, grieving for 6 months is normal, even for those who did not plan their pregnancy.

Find comfort and help healing in expressing your grief by; naming your baby, crying, talking, drawing, keeping a diary, buying symbolic jewellery, having a special memory box for cards etc. or go to internet forums and baby memorial sites.

You may wish to consider counselling at any stage if you experience particular difficulties. Drugs, alcohol and sedatives do not help; they slow down the grief process. Unexpressed grief always has consequences, often in unrecognised ways.

PARTNERS, FRIENDS AND FAMILY

It is important not to let others minimise or invalidate your feelings. They may not understand about miscarriage or be able to share your sense of bonding and grief. Even close partners can find it difficult to express their emotions. They may urge you to move on before you are ready. It is important to discuss and accept these differences. Unresolved issues and a lack of communication can damage relationships. This pamphlet may help them understand.

AFTER MISCARRIAGE

Bleeding usually lasts for around 2 weeks while your uterus returns to normal. To help prevent infection it is important to avoid tampons, intercourse, baths, spas and swimming pools. If you continue to have pain or bleeding after the 2 weeks or a high temperature at any time, **seek medical help**. You may have an infection or an incomplete miscarriage. It is important to have a check up with your LMC at this time and also to have a medical record of your miscarriage. If you were more than 13 weeks pregnant your breasts may temporarily produce milk.

TRYING AGAIN

Chances that your next pregnancy will succeed only drop by 5% after one miscarriage. To aid your physical and emotional recovery, consider using contraception when resuming sex as you can conceive soon after miscarrying. A new pregnancy may not be advisable emotionally or physically until you have had at least 3 periods. You may wish to use this time to seek advice about preparing for a successful pregnancy e.g. by taking folic acid. This is particularly important for those over 30 years. Having more than one miscarriage should be investigated as soon as possible.

FOR MORE HELP

Visit our comprehensive 80 page website, use our bulletin board, email us or talk to a pregnancy loss counsellor on our Supportline. This free pamphlet is available in **Samoa, Tongan and Chinese**. Please order by email, phone or fax.

www.miscarriagesupport.org.nz

Miscarriage Support Auckland Inc.

P.O. Box 147 011, Ponsonby, 1144 Auckland

Office phone/fax: 09 360 4034

Forum: see www.miscarriagesupport.org.nz

Email: support@miscarriagesupport.org.nz

Supportline: Ph 09 378 4060



Understanding Miscarriage



If you think miscarriage is a lonely experience, join the crowd. Miscarriage is not talked about much but it is a very common event. Approximately 1 in 4 pregnancies end this way.

www.miscarriagesupport.org.nz

A not-for-profit organisation

MISCARRIAGE is a pregnancy that ends spontaneously before 20 weeks and the baby dies. Unfortunately, most women never find out the reason why. Even when tests are carried out for recurrent miscarriages the results are usually inconclusive.

THE MOST COMMON CAUSE OF MISCARRIAGE

First pregnancies miscarry more often than others and 90% of them occur in the first trimester (up to 14 weeks) of pregnancy. 70% of these are due to chromosomal abnormalities that are incompatible with life. These miscarriages are inevitable and nothing could have been done to save the pregnancy.

Some Other Possible Reasons are

♥ **The baby** implants outside the uterus (womb)

– ectopic pregnancy

♥ **The placenta** (afterbirth) is not working properly

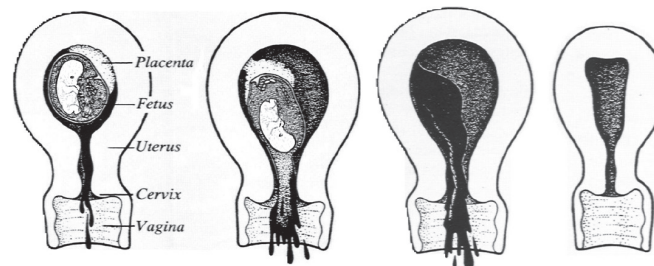
♥ **The father** has abnormal DNA (known or unknown)

♥ **The mother:**

1. Has a medical condition such as; endometriosis, diabetes, a thyroid, hormonal or immune system problem, a blood disorder or a Rhesus negative blood type (can affect subsequent pregnancies)
2. Is aged over 35 with deteriorating eggs
3. Has a weak cervix, an unusually shaped uterus or a uterine infection
4. Has a poor diet, is under or overweight, contracts Listeria (from certain foods – seek up-to-date advice) drinks excess caffeine or any alcohol, uses cigarettes or recreational drugs
5. Has suffered serious stress or injury
6. Has been exposed to chemical pollution or slap-cheek virus
7. Works irregular or long hours (e.g. nightshifts or over 60 hours per week)
8. Uses spas and saunas or exercises excessively. Moderate exercise is encouraged. A miscarriage does not result from normal bending, stretching, walking, swimming, having sex or usual daily activities, otherwise many more miscarriages would happen.

WHAT HAPPENS DURING MISCARRIAGE

The contents of the uterus begin to leave your body through the vagina, over several hours or days. The symptoms you experience will depend on the stage of your pregnancy and the cause of your miscarriage.



Threatening Inevitable Incomplete Complete

TYPES OF MISCARRIAGE

1. **Missed miscarriage** occurs early with no warning symptoms. A routine scan will show no heart-beat (a non-viable embryo) and if there is an empty foetal sac this is referred to as a 'blighted ovum'.
2. **Threatening miscarriage** is occurring when you experience a minor first trimester bleed and perhaps abdominal discomfort, usually at the time your period would have been due. 85% of these pregnancies progress normally.
3. **Inevitable miscarriage** is occurring when you experience some or all of the following symptoms which need to be reported to your LMC (Lead Maternity Carer i.e. Midwife/GP/Specialist)
 - ♥ Sudden absence of 'morning sickness' and breast tenderness
 - ♥ Intuitively no longer 'feeling pregnant'
 - ♥ Painful cramps (contractions)
 - ♥ Persistent bleeding with a clot-like appearance
 - ♥ An unusual odour from the lost blood
 - ♥ Nausea, faintness and feeling generally unwell

Contractions make your cervix open which leads to the inevitable loss of your baby. (If a weak cervix is diagnosed it may be possible to have a cervical stitch to save future pregnancies)
4. **Incomplete miscarriage** is when your uterus does not expel its entire contents and bleeding and discomfort continue. Contact your LMC for a hospital referral. Each has their own policy which could be; wait and see monitoring, offer/require a scan, tablets to induce a normal delivery (this could mean a return to hospital)

or a dilatation and curettage operation (D&C) under general anaesthetic. Your cervix will then be opened and the uterus cleared. This requires a stay in hospital for a few hours afterwards.

5. **Complete miscarriage** means your cervix is now closed. Bleeding will be light and should stop at around 2 weeks.

WHAT YOU SHOULD DO IF YOU ARE MISCARRIAGING

Unfortunately, no intervention can save your baby but you still need medical help for yourself.

- ♥ **Contact your LMC as soon as possible and inform them of what is happening** (keep their contact details close at hand)
- ♥ Contact a support person to be with you and ask them to pack a bag for hospital in case it is needed
- ♥ It is important to keep a note of the location and strength of your pain and also when bleeding began and how heavy it is
- ♥ Take things quietly. You may like to lie down and use a heat pack on your lower abdomen or back. Use Panadol only for pain every 4 – 6 hours. Do not exceed stated dosage
- ♥ Avoid food or drink (aside from regular sips of water) as you could need a D&C later under anaesthetic
- ♥ **Do not use tampons** or have a bath (shower only if your support person is with you)

Do not drive yourself to hospital If you are really worried - ring 111

ECTOPIC PREGNANCY

This is when a fertilised egg implants itself incorrectly in the fallopian tube, ovaries or cervix.

A ruptured ectopic pregnancy is dangerous and life-threatening. Treatment must be immediate.

Contact 111 urgently if your symptoms include

- ♥ Severe, continuous abdominal pain (worse than period pain or contractions)
- ♥ Feeling very unwell, sick or faint